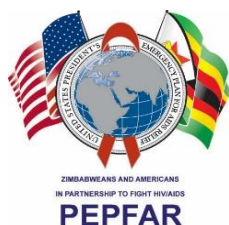




Zimbabwe HIV Care & Treatment Project

FY17: SEMI-ANNUAL PROGRESS REPORT

OCTOBER 1, 2016 – MARCH 31, 2017



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Cover photo: ZHCT community-based expert patient visiting a household in Chipinge district

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TABLE OF CONTENTS

TABLE OF FIGURES	4
LIST OF TABLES.....	4
LIST OF ACRONYMS.....	5
EXECUTIVE SUMMARY	6
1. INTRODUCTION.....	7
2. SEMI-ANNUAL RESULTS AND ACHIEVEMENTS.....	7
2.1 HIV Testing Services.....	7
2.2 Symptoms Screening.....	10
2.3 ART Defaulter Tracking	10
2.4 PLHIV receiving ARVs through CARGs	11
3. PERFORMANCE INDICATOR SUMMARY	12
4. LABORATORY SERVICES STRENGTHENING.....	15
5. CHALLENGES ENCOUNTERED.....	16
6. MONITORING AND EVALUATION	17
7. PROGRAM, ADMINISTRATIVE AND OPERATIONAL MANAGEMENT ISSUES.....	18
8. SUB-AWARD MANAGEMENT AND MONITORING.....	18
9. LESSONS LEARNT	19
10. ZHCT Q3 PRIORITIES.....	19

TABLE OF FIGURES

Figure 1: ZHCT HIV Testing Cascade	8
Figure 2: HTS by District.....	8
Figure 3: HIV Positives by Age Category	9
Figure 4: HTS_TST_POS performance by month	9
Figure 5: ART Defaulter Tracking	10
Figure 6: PLAN International nurse testers for Masvingo province going through an HIV testing competency assessment: Photo Credits: Plan International	15
Figure 7: Viral load tests conducted through FHI 360 support	16
Figure 8: Nurse Testers navigate flooded streams to reach the homes of index clients in Chipinge district	17

LIST OF TABLES

Table 1: TB Screening.....	10
Table 2: CARGs (October 2016 to March 2017).....	11
Table 3: Semi-Annual Indicator Performance Table (October 2016 to March 2017)	12

LIST OF ACRONYMS

ART	Antiretroviral Therapy
ARVs	Antiretroviral medicine
CARG	Community ARV Refill Group
CATS	Community Adolescent Treatment Supporters
CPF	Community Program Facilitator
DATIM	Data for Accountability, Transparency and Impact
DCT	Data Collection Tool
DHIS2	District Health Information System version 2
DMO	District Medical Officer
EQA	External Quality Assurance
FHI 360	Family Health International 360
GOZ	Government of Zimbabwe
HTS	HIV Testing Services
LTFU	lost to follow up
MOHCC	Ministry of Health and Child Care
MOU	Memorandum of Understanding
NMRL	National Microbiology Reference Laboratory
OPHID	Organization for Public Health Interventions and Development
OW	Outreach Worker
PEPFAR	President's Emergency Plan for AIDS Relief
PMD	Provincial Medical Director
PLHIV	Persons Living with HIV
PSI	Population Services International
QA	Quality Assurance
SOP	Standard Operating Procedures
TWG	Technical Working Group
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
VL	Viral Load
ZHCT	Zimbabwe HIV Care and Treatment Project

SEMI-ANNUAL RESULTS

10,460
PEOPLE TESTED AND
RECEIVED THEIR
RESULT

4215
NEWLY IDENTIFIED
PLHIV

40%
YIELD RATE

2747
ENROLLED IN CARE

65%
LINKAGE RATE

2386
INITIATED ON ART

35071
VIRAL LOAD TESTS
PERFORMED

5868
PLHIV RECEIVING
ARVS THROUGH
CARGS

EXECUTIVE SUMMARY

FHI 360 is pleased to submit to the United States Agency for International Development (USAID)/Zimbabwe this semi-annual progress report for the period October 1, 2016 – March 31, 2017 of the Zimbabwe HIV Care and Treatment (ZHCT) project. ZHCT is a five-year USAID-supported project, implemented by FHI 360 and its sub awardee PLAN International.

Despite a myriad of challenges experienced in the project during the period under review, including staff restructuring and incessant rains, ZHCT project managed to maintain the high HIV testing yield rates due to innovative strategies in the field. The impact of these innovations is reflected in the following achievements attained during the first half of FY17:-

- A total of 4215 people were newly diagnosed HIV positive, with 46% males and 54% females.
- A yield rate of 40% (4215/10633) was achieved across the 10 districts with Gokwe South and Kwekwe recording the highest at 64% and 59%, respectively.
- 65% of the newly diagnosed PLHIV were linked into care (registered in Pre-ART) while 87% of these were initiated on ART.
- 90% of true ART defaulters were returned into care.
- Cumulatively, 5868 PLHIV are currently receiving ARVs through community ARV refill groups (CARGs).
- The ZHCT project expanded into two districts in Masvingo province (Zaka and Gutu) in February 2017

In the remainder of FY17, FHI 360 will step up efforts to close the gap on COP16 targets. This will be through intensified implementation of district-specific strategies for differentiated care to achieve COP16 targets. Additional locum nurses will be recruited and deployed to high target districts such as Kwekwe, Gokwe South, Mutare and Chipinge. Additional measures will be instituted to improve efficient management of available resources, including better fleet management, micro-planning at field level and improved coordination of field activities. FHI 360 will generate evidence for other models of testing at community level including self-testing and community ART initiation with a view to scaling up in COP17.

1. INTRODUCTION

This report reviews progress made by FHI 360 during the first half of FY17 (October 1, 2016 – March 31, 2017) in implementing the USAID funded five-year Zimbabwe HIV Care and Treatment (ZHCT) project. The ZHCT project complements the government of Zimbabwe (GOZ)'s efforts to strengthen health facility and community linkages for HIV care and treatment services provision. The goal of the project is to increase the availability and quality of comprehensive care and treatment services for persons living with HIV (PLHIV), primarily through community-based interventions.

FHI 360 implements the ZHCT project as the prime partner in partnership with Plan International as the sub-awardee.

The ZHCT project accomplishes its overall goal by meeting the following specific objectives:-

- 1) To increase the availability of quality comprehensive care and treatment services for HIV-positives at community level; through community-based household index testing with linkage to care and symptom screening including TB screening with referral.
- 2) To strengthen community-level health systems to monitor, track and retain persons living with HIV (PLHIV) in care through ART defaulter identification and tracking, and adherence support for PLHIV through formation of CARGs.

The ZHCT project is a comprehensive community-based intervention designed to provide sustained linkages between the community and health facilities. ZHCT will contribute towards Zimbabwe's attainment of the first and the third 90s of the UNAIDS 90-90-90 Strategy. During the period under review, ZHCT project was implemented in ten districts across three provinces (Midlands, Masvingo and Manicaland). In February 2017, ZHCT expanded HIV service provision to Gutu and Zaka districts in Masvingo. Plan International, with FHI 360 technical oversight, is implementing ZHCT activities in Masvingo province.

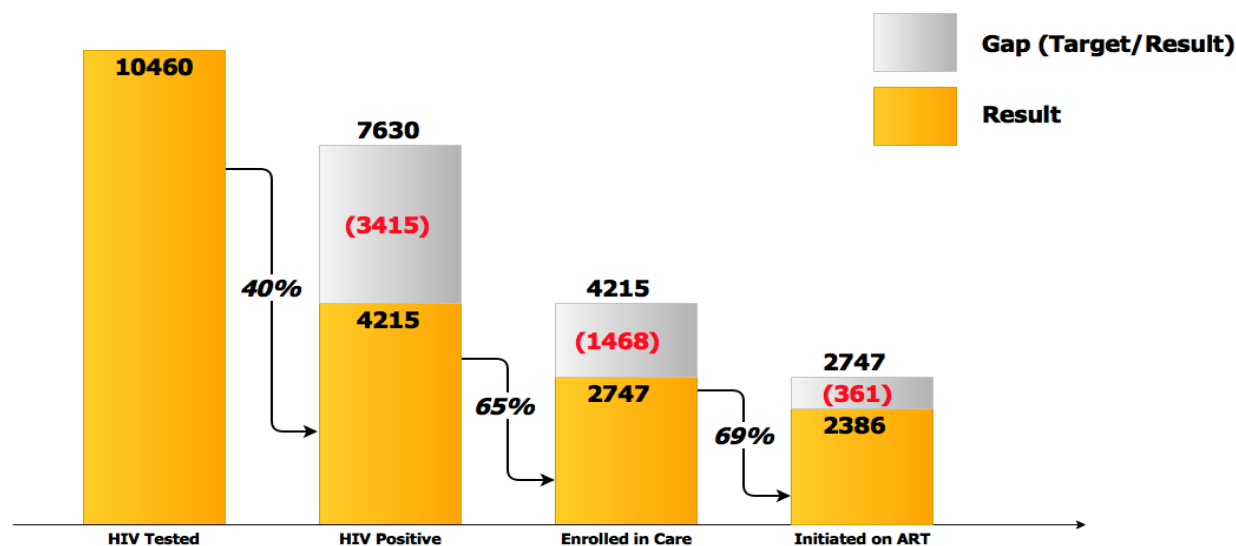
2. SEMI-ANNUAL RESULTS AND ACHIEVEMENTS

This section presents a summary of the key highlights from the ZHCT project from October 1 2016 to March 31 2017.

2.1 HIV Testing Services

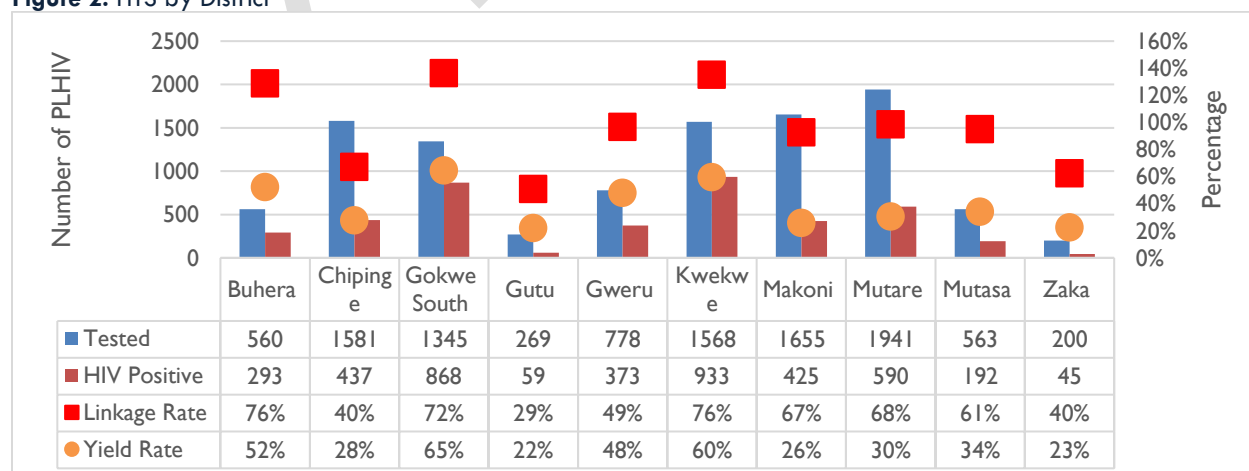
A total of 4215 new PLHIV were identified through homebased index case testing, resulting in a yield rate of 40% (4215/10460) as shown in Figure 1 below. This is a 56% achievement towards the semi-annual HTC_TST_POS target (7630) and 28% of the annual target (15262). Out of the newly diagnosed PLHIV, 65% were linked into care (registered in Pre-ART). ART initiation rates were very high in all Manicaland districts with an average of 99.1% (range 98 - 104%) while in Midlands, the average was 68% (range 52 – 100%) of which Gweru and Kwekwe reported approximately 52% each. The two districts in Midlands started Test and Treat approach in January 2017, hence most sites are still appreciating the approach.

Figure 1: ZHCT HIV Testing Cascade



Of note is that, Kwekwe had the highest number of new PLHIV identified (933) with 76% (705/933 of them linked into care as shown in Figure 2 below. The sustained high yield rate in each district as shown in Figure 2 is attributed to the targeted testing of sexual partners and children of index cases. In addition, good counselling skills by the nurse testers contributed to tracing of sexual networks leading to high yields. Low linkage rate in Zaka and Gutu is primarily because these are new districts, which commenced provision of HIV services in mid-February 2017. The nurse testers and outreach workers (OW) are still learning the model of household index testing and coaching and mentoring by the FHI360 team is being conducted. The lower linkage rate in Chipinge is attributed to high mobility, poor accessibility to health facilities due to rains and high OW attrition. Efforts are currently underway to track clients not yet linked into care and FHI 360 anticipates an improvement in the linkage rate in Q3. A coordinated supervision of OWs and intensified counseling of newly diagnosed PLHIV has contributed to achievement of linkage rates in districts such as Kwekwe and Gokwe South as shown in Figure 2. In Q3, clustered review meetings for OWs will be introduced and this will help intensify efforts to close the linkage gaps.

Figure 2: HTS by District



Overall, 46% of clients identified as HIV positive were males. These results suggest that the homebased index testing approach reaches more men and is improving the coverage of HIV testing for men. In addition,

the majority (73% [3066/4215]) of the newly diagnosed PLHIV were aged 25 – 49 years as shown in Figure 3 below. Acknowledging the gaps in identification of children living with HIV, efforts are underway to engage with other partners such as WEI to improve targeting of children. In this regard, FHI360 signed an MOU with WEI for the implementation of OVC index case testing in Gweru as a learning district. A detailed implementation plan was developed and results will be shared in due course.

Figure 3: HIV Positives by Age Category

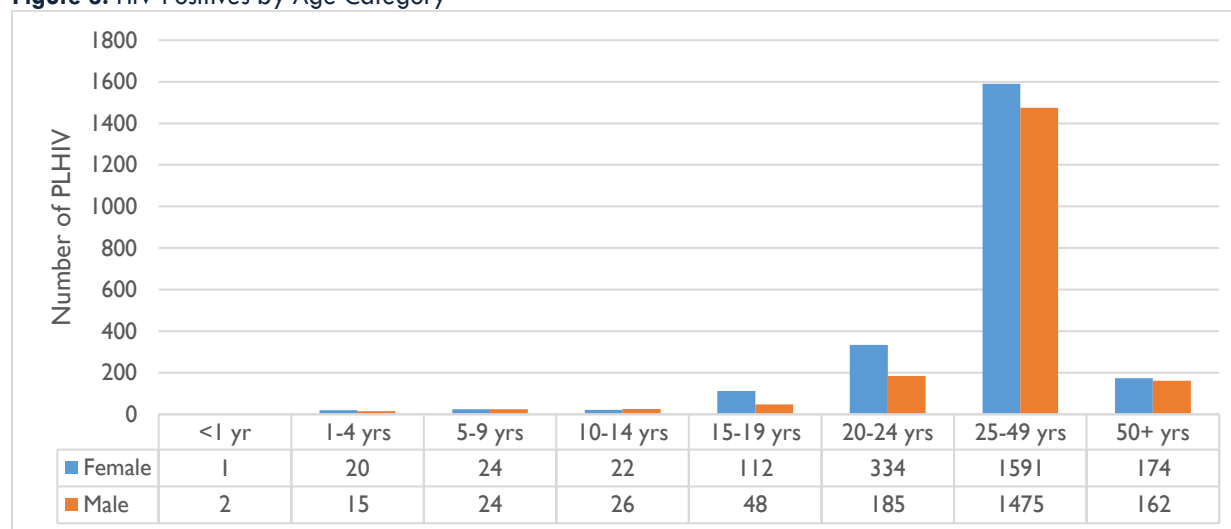
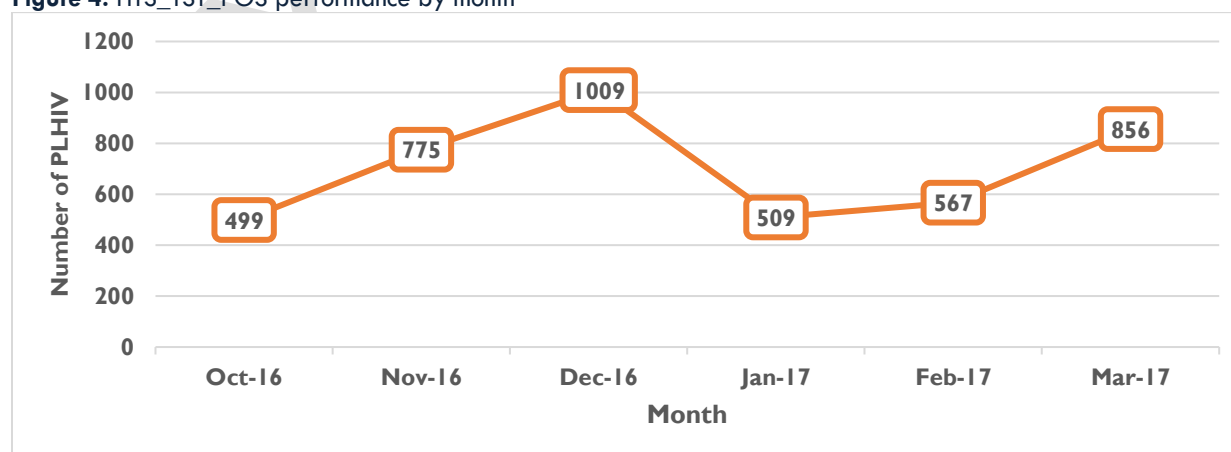


Figure 4 below indicates monthly achievement for the period under review. The upward trend from October to December was mainly due to the engagement of 29 locum nurses from mid-November to December 2016. In January, all locum nurses were disengaged and only twelve were reinstated in mid-February. However, heavy rains and flooding were experienced in most districts during this period making most areas inaccessible. Furthermore, organizational restructuring also affected project's performance in January and February 2017. It is anticipated that performance will continue to improve in quarter three as more locum nurses will be hired. In addition, the deployment of nurses closer to targeted health facilities as opposed to central location at district offices, is anticipated to improve service delivery across all catchment areas and reduce the time taken to reach households.

Figure 4: HTS_TST_POS performance by month



2.2 Symptoms Screening

During the period under review, 99% (4199/4215) of the newly identified HIV positives were screened for TB in line with the national guidelines. Out of the 4199 screened cases, 2911 clients were referred to health facilities for further tests and management and 66% completed this referral.

Table 1: TB Screening

TB Screening	Male	Female	Total
Tested	5058	5402	10460
Positive	1929	2286	4215
Screened for TB	1921	2278	4199

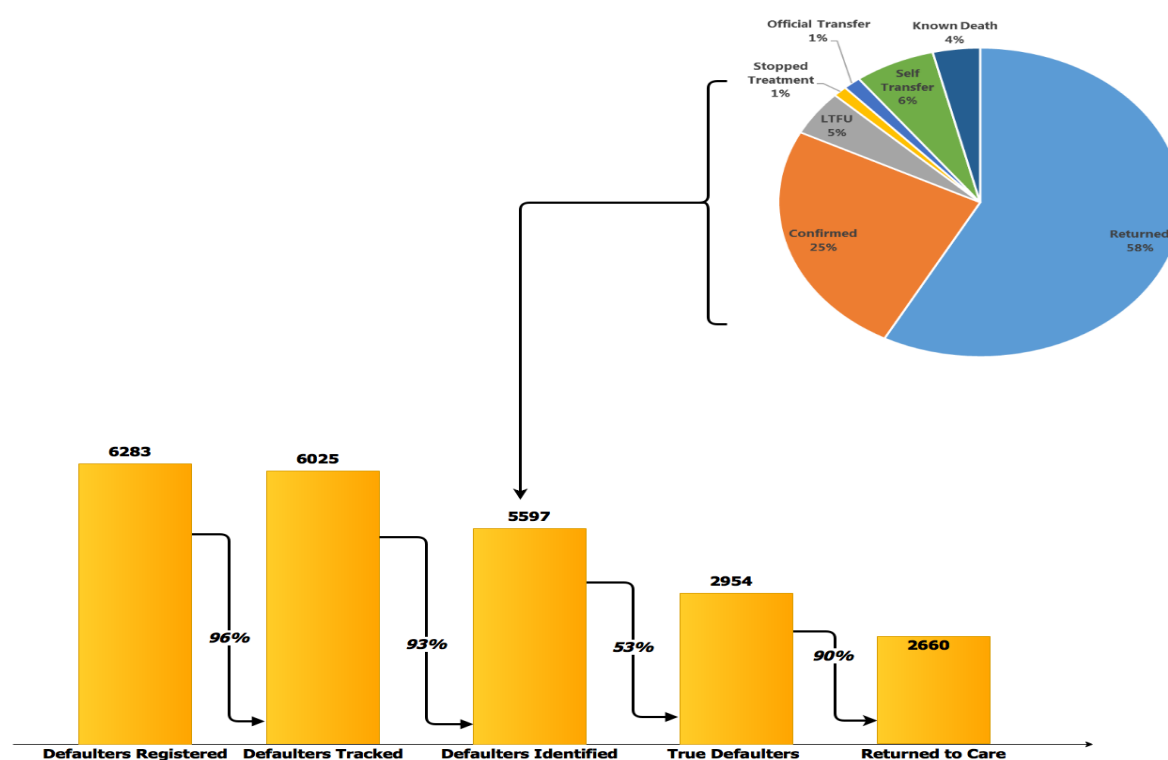
2.3 ART Defaulter Tracking

A total of 5597 PLHIV were identified out of the 6283 clients registered as ART defaulters from October 2016 to March 2017. Out of the 5597 clients identified (outcome determined) within the communities, 2954 were “true defaulters”, 1874 were still in care and 769 were confirmed to be deceased. Out of these true defaulters, 90% were successfully returned to care as shown in Figure 5. Those reported to have stopped treatment (2.8% [84]) of the true defaulters will continue to receive support for them to go back to care within the 90 days. Due to poor updating of health facility registers 68% (1278/1874) of the clients confirmed to be in care were registered as defaulters at the same facility.

Figure 5: ART Defaulter Tracking¹

¹ART Defaulter definitions:

- **Defaulter:** an ART patient who has missed his drug refill appointment for seven or more days but less than 90 days.
- **Defaulter registered at facility:** is the name of the ART client who has missed his/her appointment at the facility and is then registered in the ZHCT tracking register.



2.4 PLHIV receiving ARVs through CARGs

From October 2016-March 2017, 308 functional CARGs were formed by FHI 360 with Midlands having the most CARGs (60%). No CARGs were formed in Masvingo province during the period under review. Cumulatively, 672 CARGs with a total membership of 5868 were supported in the period under review as shown in Table 2. Out of the 5868 members, 19% (1117/5868) had a valid viral load test result. 94% of these had a suppressed viral load (VL<1000 copies/ml). Those with unsuppressed viral load are currently receiving enhanced adherence counselling and will be re-assessed according to the national guidelines. The project will continue to work with other partners to ensure that VL services are accessible to all clients in CARGs for improved clinical monitoring.

Table 2: CARGs (March 2016 to March 2017)

District	Number of CARGs	Number of PLHIV
Buhera	92	587
Chipinge	36	239
Makoni	87	1060
Mutare	122	1099
Mutasa	44	284
Gweru	91	859
Gokwe South	123	1069
Kwekwe	77	671
Total	672	5868

3. PERFORMANCE INDICATOR SUMMARY

Table 3: Semi-Annual Indicator Performance Table (October 2016 to March 2017)

Indicators	Deliverables	Reporting Frequency	Targets		Semi-Annual Achievements (October 2016 - March 2017)			
			FY17 Target (Oct 16 - Sep 17)	Semi Annual Target (Oct 16 - Mar 17)	Male	Female	Total	%
1. Number of individuals who receive HIV Testing and Counselling (HTC) services for HIV and received their test results HTC_TST.	Number of individuals tested for HIV and received results	Quarterly	138,250	82,951	5,058	5,402	10,460	13%
2. Percentage of clients testing HIV positive during the reporting period [customized]. [HTC_TST_POS].	Number of individuals diagnosed with HIV	Quarterly	11 %	11%	1,929	2,286	4,215	40%
3. Percentage of clients tested for HIV who were screened for TB symptoms at community level during the reporting period [customized]	Clients tested for HIV screened for TB Symptoms	Quarterly	100%	100%	1,921	2,278	4,15	99%
4. Percentage of new PLHIV (from ZHCT) who were successfully enrolled into care during reporting period [customized]	Number of new PLHIV enrolled into care	Quarterly	90%	90%	1,192	1,555	2,747	65%
5. Percentage of ART defaulter clients identified and successfully linked back to care during the reporting period [customized]	Number of ART defaulters identified and linked to care	Quarterly	85%	85%	1,035	1,625	2,660	90%

Indicators	Deliverables	Reporting Frequency	Targets		Semi-Annual Achievements (October 2016 - March 2017)			
			FY17 Target (Oct 16 - Sep 17)	Semi Annual Target (Oct 16 - Mar 17)	Male	Female	Total	%
6. Percentage of ART clients in ZHCT CARGs with a valid viral load result documented within the reporting period	Number of ART clients in CARGs with valid viral load results	Semi-Annually	50%	50%	334	783	1,117	19%
7. Proportion of ART clients in ZHCT CARGs with documented suppressed viral load result (<1000 copies/ml) within the reporting period	Number of CARGs with documented suppressed VL	Annually	90%	90%	307	718	1,025	92%
8. Number of functional Community ART refill groups within a reporting period [customized]	Number of functional CARGs	Quarterly	2400	1200			672	56%
9. Number of PLHIV receiving ARVs at the community level through refill groups during the report period. [customized]	Number of clients with viral load tests done after referral	Quarterly	31,200	31,200	1,112	4,756	5,868	19%

4. LABORATORY SERVICES STRENGTHENING

This section presents a summary of the key highlights by FHI 360 on laboratory services strengthening efforts within the ZHCT project.

- **Quality assurance for household index testing**

Site support and supervision visits (SSVs), were conducted by the district team leaders (DTLs), provincial managers and national technical staff to observe nurse testers conducting HIV testing in the project using a ZHCT Quality Assurance checklist. In October 2016, all nurse testers and district team leaders participated in the HIV testing Competency Assessment (CA) to reassess the competency of the project staff to perform HIV testing and produce accurate results. All locum nurses were assessed for competency to conduct rapid HIV testing and only those that were competent were hired. A total of 35 nurse testers, 10 district team leaders and all locum nurses on the ZHCT project are competent to conduct rapid HIV testing.

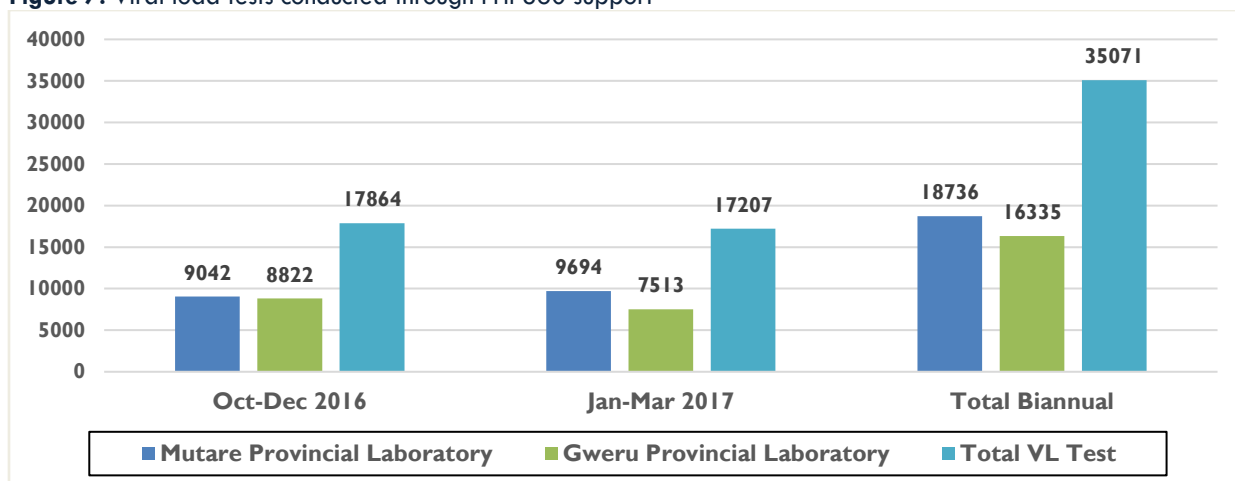


Figure 6: PLAN International nurse testers for Masvingo province going through an HIV testing competency assessment: Photo Credits: Plan International

In Q1, nurse testers and district team leaders participated in proficiency testing (PT) conducted by MOHCC through National Microbiology Reference Laboratory (NMRL). Thirty-two out of the 33 ZHCT project staff passed the PT test with 100% except one who got 67%. Corrective actions were taken and the nurse tester was re-assessed for HIV testing competency and was confirmed competent. Continued learning on quality assurance is provided through quarterly review meetings and monthly district team leaders' meetings. These meetings ensure that nurse testers and locum nurses keep abreast of quality issues surrounding HIV testing.

- **ZHCT support for viral load scale up**

Figure 7: Viral load tests conducted through FHI 360 support



A total of 17864 viral load tests were run at Mutare and Gweru Provincial Hospital laboratories in Q1 while 17207 tests were run in Q2 with support from the FHI 360 seconded staff. There was a decline in the number of VL tests conducted by Gweru provincial laboratory due to the breakdown of the Roche machine experienced in Q2. Of the 35017 viral tests run at the two laboratories in the period under review, 5899 (16.8%) had a viral load result > 1,000copies /ml. To facilitate the scale up of VL testing, ZHCT field staff were oriented on VL sample collection and transportation and EAC during the provincial quarterly data review meetings held in October 2016. A total of 6,600 VL reagents were procured through the project in Q1. ZHCT is also providing community-health facility linkages through expert clients to follow up clients with high viral load and ensure they receive EAC.

- **Deputy US Ambassador visit to Mutare Provincial Hospital**

The ZHCT team participated in a field visit conducted by the Deputy US Ambassador to Zimbabwe at Mutare Provincial Hospital. The Deputy Ambassador was touring USG-funded interventions at Mutare Provincial Hospital. The ZHCT team participated in the laboratory tour and highlighted the PEPFAR/USAID support to human resources for health and VL reagents procured through the ZHCT project.

- **Demand generation for viral load testing**

The ZHCT project provided technical support in the development of the MOHCC VL community sensitization package. The package is awaiting finalization with MOHCC. Within the ZHCT, demand generation for viral load testing continues to be a priority. Newly diagnosed HIV positive clients are given information on viral load testing, the benefits of viral load monitoring and the frequency for VL testing. Health education on VL is provided to stable clients on ART before enrolment into CARGs and to CARG members to ensure increased uptake of viral load services in Manicaland, Masvingo and Midlands.

5. CHALLENGES ENCOUNTERED

The following were key programmatic challenges encountered during the period under review: -

- **Inadequate transportation for field testers**

With the recruitment of an additional 16 locum nurses across all districts, the available transportation (vehicles and motorbikes) was not sufficient to cater for all testers. To mitigate the transport

challenges FHI 360 collaborated with National AIDS Council (NAC) that provided motor vehicles for use in the project.

- ***Incessant rains***

The incessant rains experienced in most parts of the country from December to March created challenges for the nurse testers to reach clients with HIV testing services and linkage to care.



Figure 8: Nurse Testers navigate flooded streams to reach the homes of index clients in Chipinge district

- ***Stock outs of HIV test kits at facility-level***

This challenge may be attributed to poor supply chain management as the kits were available at NATPharm central stores. To avert stock outs in the ZHCT project, FHI 360 engaged NATPharm and the AIDS and TB Unit to ensure direct supply of test kits from NATPharm regional stores.

- ***Breakdown of viral load machine at Gweru Provincial Hospital***

During the period under review, there were recurrent breakdowns of the Roche viral load machine at Gweru Provincial Hospital. This has resulted in a huge backlog at GPH, which currently stands at about 3000 samples.

6. MONITORING AND EVALUATION

- ***Supportive supervision visits***

During the reporting period, extensive supportive supervision visits (SSVs) were conducted in all the 10 implementation districts in Manicaland, Midlands and Masvingo provinces to render technical support to field teams. District and provincial teams also conducted monthly data verification and validation visits to ensure improved data quality.

- ***USAID SIMS visit***

USAID conducted a SIMS visit in Manicaland and all the assessed districts passed this assessment with an average score of 78%. The project has started addressing some of the areas which the project did not do well e.g. child safe guarding training for project staff, having a feedback mechanism from beneficiaries and ensuring a complete QI&QM system.

- ***ZHCT performance weekly dashboard***

FHI 360 continues to monitor individual and district performances using the ZHCT performance weekly dashboard. The dashboard is key in assessing progress towards achievement of set targets. Each district is provided an analysis of weekly performance with key action points for teams to address identified gaps and good practices to consolidate success.

- ***Database Systems***

The district teams started using DHIS2 aggregate in November 2016 to capture project data for FY17. A DHIS2 tracker capture is being piloted in Gweru, Makoni and Mutare to establish the

usability, scalability and functionality of the system before rolling it out to all districts. DHIS2 will strengthen reporting and data use at district, provincial and national level for the ZHCT project.

- **Knowledge management**

Two manuscripts on linkage of newly diagnosed PLHIV to care and CARGs were developed during the period under review. The manuscripts are currently under review with the FHI 360 IRB for publication in peer-reviewed journals. Three conference abstracts were accepted for poster and oral presentation for the upcoming International AIDS Conference and the South African AIDS Conference respectively.

7. PROGRAM, ADMINISTRATIVE AND OPERATIONAL MANAGEMENT ISSUES

To ensure effective ZHCT programme and administrative management, FHI 360 engaged in regular meetings at national, provincial and district levels. The Senior Management Team meetings were held weekly to discuss performance progress, status of activities and overall project performance. FHI 360 also conducted weekly staff meetings as well as technical team meetings to discuss programmatic and operational updates. A total of six update meetings were held with the USAID on both programmatic and financial issues.

ZHCT operations team continued to provide the necessary support to ensure effective program implementation including providing logistical support, facilitating procurements, budget management and ensuring compliance. The following operational achievements were made during the period under review: -

- Two additional vehicles were procured and seconded PLAN International to facilitate project activities in Masvingo province.
- The new Chief of Party, Donald Harbick joined the ZHCT team in January 2017. The substantive Director of Finance and Operations for the project was recruited and started work during Q2. A staff member from the Regional Office was seconded to work with the operations team as acting Director of Finance and Operations before the substantive Director came on board.
- The Regional Office also continued to provide oversight over financial management and operations for the project. Monthly budget review meetings continue to be conducted with the Regional Office to strengthen the budget management system and ensure close monitoring of project pipeline expenditure. Monthly pipeline reports have also been shared with USAID.

8. SUB-AWARD MANAGEMENT AND MONITORING

During the period under review, PLAN International's scope of work shifted from creating enabling environment for HIV testing services (HTS) through community mobilization to direct HIV service delivery through conducting homebased index testing with linkage to care. The operational districts also reduced from eight to concentrate in Gutu and Zaka in Masvingo. Due to the revised programme focus, FHI 360 intensified technical support and oversight to ensure steady progress towards COP16 targets in Masvingo province. FHI 360 supported PLAN to set up operations in Masvingo including recruitment of nurse testers as well as conducting HIV competency assessments. A total nine nurse testers are in place in the two districts. PLAN is using existing ZHCT M&E system and standardized data collection tools.

9. LESSONS LEARNT

The following are the key lessons learnt during the period under review, which will inform ZHCT project implementation in the remainder of FY17: -

- Targeting of sexual partners of index cases achieves a high yield rate. The current ZHCT approach to HTS has resulted in yield rate of between 30% – 40%.
- Deployment of additional locum nurses to complement the ZHCT project nurse testers facilitated the improvement in project performance, particularly between October and December, 2016. To get value for money from the locum nurses, there is need for adequate transportation to support their mobility.
- The homebased index testing approach is resource intensive, especially on transport due to the processes that have to be conducted such as community sensitization, mobilization and identification of index cases at health facility. Prior engagement of index cases by Outreach Workers (visits or phone calls), follow up for household HIV testing by the nurse testers and follow-ups conducted to ensure linkage to care for the HIV positives require financial resources compared to other HIV testing modalities.
- Innovative approaches (e.g. working flexible working hours) are essential to targeting clients in rural and farming communities, especially during the farming season.
- Using the weekly performance dashboard on OWs improves performance linkage rates. The ZHCT project will intensify performance/result-based approach in the engagement and utilization of OWs.
- Proactive engagement and coordination with other key HIV care and treatment partners in the provinces is crucial to minimize duplication of efforts and maximize on efficiency. Layering with other implementing partners providing community ART initiation, e.g. PSI results in improved ART initiation among clients diagnosed HIV positive at household level.
- Ongoing comprehensive quality assurance measures (refresher trainings, competency assessments and proficiency testing) are critical to ensure good quality results for community based HTS
- Since VL testing is relatively new in country, continued capacitation of both facility-based health workers and ZHCT project nurse testers on blood collection and handling of VL samples is key to minimizing sample rejection rates.

10. ZHCT Q3 PRIORITIES

The following are the key priorities for the ZHCT project in Q3:-

- Intensify home-based index testing in the 10 districts in Midlands, Manicaland and Masvingo provinces while maintaining high yield rates.
- Intensify linkage to care of newly diagnosed PLHIV.
- Intensify the formation and strengthening of CARGs.
- Conduct provincial quarterly and data review meetings for Midlands, Manicaland and Masvingo.

- Conduct district-specific supportive supervision visits to help improve performance in the remaining half of FY17. Sub-optimal performing districts such as Chipinge, Mutare, Zaka and Gutu will be prioritized in Q3.
- Pilot other HIV testing modalities in line with USAID guidance in preparation for increased intensity of HIV testing modalities in COP17. The lessons learnt will inform prioritization of testing modalities for scale up in FY18.
- Conduct the annual planning and review (AP&R) meeting to review project performance and design strategies for FY18.

FY17 SAPR